

MISSOURI DEPARTMENT OF MENTAL HEALTH

KEITH SCHAFER, DEPARTMENT DIRECTOR



DEPARTMENT
OPERATING
REGULATION
NUMBER

DOR
8.070

CHAPTER REGULATORY COMPLIANCE	SUBCHAPTER HIPAA Regulations	EFFECTIVE DATE 6/17/15	NUMBER OF PAGES 3	PAGE NUMBER Page 1 of 3
SUBJECT Policy and Procedure for the Verification of Identity and Authority of Requestor		AUTHORITY Section 630.050 RSMo and 45 CFR Section 164.514(h) of the HIPAA (Health Insurance Portability and	HISTORY See Below	
PERSON RESPONSIBLE General Counsel			SUNSET DATE 7/1/18	

PURPOSE: It is the policy of the Missouri Department of Mental Health (DMH) and its facilities to protect the privacy of individually identifiable health information in compliance with federal and state laws governing the use and disclosure of protected health information. To accomplish that policy, and to establish uniformity in the verification process, prior to disclosing individually identifiable health/protected health information to third parties, the facility Privacy Officers or designees, or the Central Office Privacy Officer or designee, shall verify the identity of the requestor and ensure the requestor has the proper authority to request such information.

APPLICATION: DMH, its facilities and workforce.

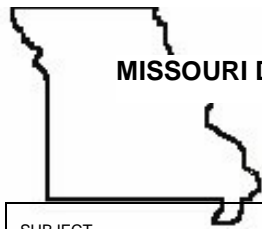
(1) Definitions:

(A) Protected Health Information (PHI): Individually identifiable health information that is transmitted or maintained in any form or medium, by a covered entity, health plan or clearinghouse as defined under The Health Insurance Portability and Accountability Act (HIPAA), 45 CFR parts 160 and 164.

(B) DMH Health workforce members: Includes all state employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity (facility or Department). This shall include client workers employed by the Department of Mental Health or its facilities.

(C) Verification: Process to verify the identity of a person requesting protected health information and the authority of any such person to have access to protected health information under this subpart, if the identity or any such authority of such person is not known to the covered entity; and shall include obtaining any documentation, statements, or representations, whether oral or written from the person requesting the protected health information when such documentation, statement or representation is a condition of the disclosure under this subpart.

(D) Privacy Officer: The person officially designated to oversee all ongoing activities related to the development, implementation, maintenance of, and adherence to the DMH Operating Regulations pertaining to the privacy of, and access to, consumers' protected health information in compliance with federal and state laws and DMH's notice of privacy practices.



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(E) Public Official: A person who has been legally elected or appointed and who has been empowered by law/regulation to exercise the duties and functions of their office for the public good.

(2) Procedure:

(A) The consumer or personal representative must sign a valid authorization for the disclosure of confidential protected health information before such PHI can be released, except in accordance with existing HIPAA requirements.

(B) All requests for disclosure shall be forwarded to the Privacy Officer or designee including the following:

1. The name of the requesting party or parties; and
2. Any documentation, statements or representations from the person requesting the PHI of his/her authority to request such information (i.e., legal representative of consumer, law enforcement official, etc.).

(C) The consumer must present identification prior to receipt of any records regarding themselves.

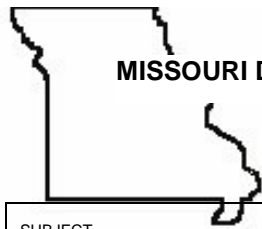
(D) The Privacy Officer or designee staff may rely on the following information to demonstrate identity:

1. Presentation of agency identification, credentials or other proof of government status (a badge, identification card, etc.);
2. A written request on agency letterhead or an oral statement if a written statement would not be possible (a natural disaster, other emergency situations, etc.);
3. If the disclosure is requested by a person acting on behalf of a public official, a written statement on government letterhead that the person is acting under the government's authority, or a contract or purchase order evidencing the same; or
4. A court order.

(E) The Privacy Officer or designee shall verify identity of any phone requests from all individuals, including law enforcement officers and others who have an official need for PHI by using a callback phone number before releasing information.

(F) The Privacy Officer or designee shall verify facsimile number of any faxed requests. The main number of the sending agency shall be called, and the fax number verified. Each DMH facility shall set its fax machines to imprint the origin. All incoming faxes shall be reviewed for imprint origin.

(G) Privacy Officer or designee shall verify e-mail address by calling requestor. The general number for the sending agency shall be called, and then a request shall be made to be transferred to the specific individual who made the contact. Email containing PHI shall be encrypted.



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(H) The Privacy Officer or designee personnel are responsible for copying verification information or obtaining badge number, etc., and for maintaining it in the consumer's health information file.

(I) The Privacy Officer or designee must review the forwarded information and determine if he or she is satisfied that the documents verify the identity of the requestor and also demonstrate that the requestor has authority to request the information under state and federal law.

(J) The Privacy Officer or designee may disclose information to the requestor if all requirements for use and disclosure are met.

(K) The Privacy Officer or designee shall contact agencies or other entities for further verification of identity or authority to receive PHI, if necessary.

(L) The Privacy Officer or designee may deny access to information, if verification of identity or authority is not accomplished.

(3) LOCAL POLICIES: There shall be no facility policies pertaining to this topic. The Department Operating Regulation shall control.

(4) REVIEW PROCESS: Information shall be collected from the facility Privacy Officers annually to monitor compliance and identify any issues with this DOR.

(5) SANCTIONS: Failure of staff to comply or assure compliance with the DOR may result in disciplinary action, including dismissal.

History: Original DOR effective January 1, 2003. Final DOR effective June 1, 2003. Amendment effective July 1, 2006. On July 1, 2009, the sunset date was extended to July 1, 2012. Amendment effective June 25, 2012. Amendment effective June 17, 2015.